EX	<b>cpendit</b> u	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers pe		PPLEMENTAL II	ALIFORNIA FORM		65
SEE	E INSTRUCTION	ONS ON REVERSE	Amendment (Explain Bel	ow) through <u>9/20/2003</u>		P	Page <sup>1</sup> of		
	A	Amendment No 000	-	Date of election if ap (Month, Day, Ye			For Official		
		Report No CM1	-	10/7/2003					
1.	Commit	tee/Filer Information	I.D. NUMBER (if recipient committee) 1258279	Treasurer (	f recipient committee)				
	COMMITTEE/	FILER'S NAME	1230217	NAME OF TREASUR	RER				
	Community C	Civic Participation Project sponsored by Labor G	Organizations	Jack Gribbon					
	STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRESS					
	STREET ADD	NESS (NO F.O. BOX)							
	CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY	STA	TE ZIP CODE	AREA COD	E/PHON	1E
				Con Emanaisas	CA	04102	(415) 553-	2200	
	Sacramento OPTIONAL · FA	CA AX/E-MAIL ADDRESS	95814 ((21)3) -738-8405	San Francisco OPTIONAL: FAX/E-M	CA MAIL ADDRESS	94102	(413) 333	3280	
	NAME OF CAN Cruz Bustama NAME OF BALI			Governor	AND DISTRICT, IF APPLICABLE			X	OPPOSE
3.	Indepen	dent Expenditures Made At	1	riately labeled continuation she	1	AMOUNT		TIVE TO NDAR YE - DEC.3	EAR
9/15	5/2003	Monique Aceves Los Angeles, CA 90032	Pho	nebank	\$311.39	)	\$311.39		
9/15	5/2003	Oscar Aguiluz Jr. Los Angeles, CA 90042	Pho	nebank	\$293.2	2	\$293.22		
9/15	5/2003	Elizabeth Aleman Bell Gardens, CA 90201	Pho	nebank	\$326.5	5	\$326.56		

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 9/25/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	ow) through 9/20/200	03		Page 2 of	33
Ar	mendment No 000	-   Janes   Capani 200	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of (	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE	SUPPOR	RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
9/15/2003	Marilu Alfaro-Infante Los Angeles, CA 90042		nebank		\$110.82	\$110.82	0.01)
9/15/2003	Heidy Arrivillaga Los Angeles, CA 90062	Phon	nebank		\$141.34	\$141.34	
9/15/2003	Maria Teresa Badillo Los Angeles, CA 90057	Phon	nebank		\$293.77	\$293.77	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 9/25/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>9/20/200</u>	)3		Page 3 of	33
An	nendment No 000	-   Tanonamora (Explain Box	Date of election i	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FII	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	K/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of (	Candidate or Measure Sup	pported or Opposed				СНЕ	ECK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	lent Expenditures Made A	1	iately labeled continuation		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR
9/15/2003	Jose Venacio Balam Inglewood, CA 90304		nebank		\$319.54	\$319.54	.0.01)
9/15/2003	Jose Banuelos Lynwood, CA 90262	Phor	nebank		\$234.54	\$234.54	
9/15/2003	Diana Barajas Los Angeles, CA 90045	Phor	nebank		\$319.54	\$319.54	

Expenditu	ıre Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT/ Date Stamp 9/25/2003	CALIFORNIA FORM	65
SEE INSTRUCTION	Ame of Candidate or Measure Sime of Candidate or Measure Sime of Candidate  ME OF CANDIDATE  ME OF BALLOT MEASURE  Madependent Expenditures Made  DATE NAME AND AD  Shevaun Marie Barragan  Monterey Park, CA 91755	Amendment (Explain Belo	through <u>9/20/200</u>	3		Page 4 of 3	33
A	mendment No 000	-	Date of election i	f applicable:		For Official Use C	
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	oported or Opposed				CHF	CK ONE
NAME OF CAN	DIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		T OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepen	dent Expenditures Made A		iately labeled continuation	sheets.	AMOUNT	CUMULATIVE T: CALENDAR	T OPPOSE
3. Indepen	dent Expenditures Made A  NAME AND ADDRE  Shevaun Marie Barragan	SS OF PAYEE		sheets.	AMOUNT \$302.31	CUMULATIVE TO	T OPPOSE
3. Indepen	dent Expenditures Made A  NAME AND ADDRE  Shevaun Marie Barragan Monterey Park, CA 91755  Jessie Barrios	SS OF PAYEE Phor	iately labeled continuation	sheets.		CUMULATIVE TO CALENDAR (JAN.1 - DEC	T OPPOSE

Supplemental Independent		Type of print in link.   Report covers period	SUPPLEMENTA Date Stamp	AL INDEPENDENT EXP	ENDITURI		
	Ire Report e Sections 84203.5)	Amounts may be rounded to whole dollars.	from		9/25/2003	CALIFORNIA FORM	65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Bel	ow) through <u>9/20/20</u>	03		Page 5 of	33
A	mendment No 000		Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1		10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient con	nmittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	ASURER			
OTDEET 4000	DESCRIPTION (NO. D.		MAILING ADDR	RESS			
STREET ADDR	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FA	X/E-MAIL ADDRESS	;		
2. Name of	Candidate or Measure Sup	ported or Opposed				СНІ	ECK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR H	IELD AND DISTRICT	, IF APPLICABLE	SUPPO	RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made Att	tach additional information on appropr	iately labeled continuatio	n sheets.		CLIMALII ATIVE	TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	RYEAR
9/15/2003	Christopher Bolanos Los Angeles, CA 90047	Pho	nebank		\$293.22	\$293.22	
9/6/2003	CA State Council of Service Employees C	COPE Pho	nebank		\$2,146.82	\$2,146.82	
	Sacramento, CA 95814						
9/15/2003	Angela Caballero Inglewood, CA 90303	Pho	nebank		\$184.70	\$184.70	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 9/25/2003	CALIFORNIA FORM	-65
SEE INSTRUCTI	IONS ON REVERSE	Amendment (Explain Belo	w) through <u>9/20/200</u>	)3		Page 6 of	33
,	Amendment No 000	- (2,pain 500	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commit	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CC	DE AREA CODE/PH	IONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Sur	oported or Opposed				CHI	ECK ONE
NAME OF CAN	NDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indeper	ndent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE X YEAR C. 31)
9/15/2003	Felipe Calzada Los Angeles, CA 90028	Phon	ebank		\$282.06	\$282.06	
9/15/2003	Abel Castaneda South Gate, CA 90280	Phon	ebank		\$293.23	\$293.23	
9/15/2003	Antonio Castellanos Los Angeles, CA 90044	Phon	ebank		\$179.45	\$179.45	

Expen	diture Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 9/25/2003	CALIFORNIA FORM	-65
SEE INSTF	PTIONAL: FAX/E-MAIL ADDRESS  Ame of Candidate or Measure Size of Candidate  ME OF CANDIDATE  ME OF BALLOT MEASURE  Adependent Expenditures Made  DATE NAME AND AD  Rudy Centeno Los Angeles, CA 90018	Amendment (Explain Below	w) through <u>9/20/200</u>	03		Page 7 of	33
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Con	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMM	ITTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIO	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
 2. Nam	e of Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME C	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
	ependent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
9/15/2003	Rudy Centeno		ebank	EXI ENDITORE	\$326.56	(JAN.1 - DE	(0.31)
	Los Angeles, CA 90018						
9/15/2003		Phone	ebank		\$302.31	\$302.31	
9/15/2003	Conrad Chavira	Phone	ebank		\$302.31	\$302.31	
	Lynwood, CA 90262						

Supplemer Expenditur Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 9/25/2003	CALIFORNIA FORM	465
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	ow) through <u>9/20/200</u>	)3		Page <u>8</u> of	33
Am	nendment No 000	- (Explain Book	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/P	HONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	pported or Opposed				CL	IECK ONE
NAME OF CANDI	•		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Independ	ent Expenditures Made At	1	iately labeled continuation		AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	TO DATE
9/15/2003	Belinda Cisneros Paloma, CA 91331		nebank		\$108.40	\$108.40	<u> </u>
9/15/2003	Servando Contreras Los Angeles, CA 90029	Phor	nebank		\$330.46	\$330.46	
9/15/2003	Vilma Cordova Compton, CA 90220	Phor	nebank		\$332.46	\$332.46	

		Type or print in ink.	Report cover	s period	Date Stamp	CALLEGENIA	
		Amounts may be rounded to whole dollars.	from1/1/2003	3	9/25/2003	CALIFORNIA FORM	65
SEE INSTR	ame of Candidate or Measure S ME OF CANDIDATE  ME OF BALLOT MEASURE  Adependent Expenditures Made  DATE  NAME AND ADD	Amendment (Explain Belo	ow) through <u>9/20/200</u>	)3		Page <u>9</u> of	33
	Amendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Con	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient con	nmittee)		
COMM	ITTEE/FILER'S NAME		NAME OF TREA	ASURER			
			MAILING ADDR	ESS			
STREE	T ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PH	ONE
OPTIO	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	•	oported or Opposed				CHE	CK ONE
NAME C	OF CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT	, IF APPLICABLE	SUPPOR	RT OPPOSE
NAME C	DF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
 3. Inde	ependent Expenditures Made A	ttach additional information on appropr	riately labeled continuation	sheets.			
		1	DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	YEAR
9/15/2003		Pho	nebank		\$311.39	\$311.39	
0/15/2002	Justo Cuevas	Dhoo	n ah an Ir		\$330.46	\$330.46	
9/15/2003	Justo Cuevas Los Angeles, CA 90057	Pilo	nebank		\$330.40	\$330.40	
9/15/2003	Luisa Diaz Arleta, CA 91331	Pho	nebank		\$293.22	\$293.22	
	71104, 511 71551						
						1	

<b>Expenditu</b>	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from1/1/2003	s period	Date Stamp 9/25/2003	CALIFORNIA FORM	<b>65</b>
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	v) through <u>9/20/2003</u>	3		Page <u>10</u> of <u>3</u>	33
A	mendment No 000	_	Date of election if (Month, Day	applicable:		For Official Use C	
	Report No CM1	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	mittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREAS	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТҮ		STATE ZIP CC	DE AREA CODE/PHO	DNE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	oported or Opposed				CHE	CK ONE
NAME OF CAND			OFFICE SOUGHT OR HE	LD AND DISTRICT,	IF APPLICABLE		T OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation  DESCRIPTION OF E		AMOUNT	CUMULATIVE TO CALENDAR	D DATE YEAR
9/15/2003	Victor Diaz Los Angeles, CA 90063	Phone		LATENDITORE	\$326.56	(JAN.1 - DEC \$326.56	,.31)
9/15/2003	Mynor Dixon Los Angeles, CA 90047	Phone	ebank		\$278.55	\$278.55	
9/15/2003	Andrea Escobar Los Angeles, CA 90005	Phone	ebank		\$326.56	\$326.56	

Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 9/25/2003	CALIFORNIA FORM	-65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Below	w) through 9/20/200	)3		Page 11 of	33
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET ADI	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PH	ONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name o	f Candidate or Measure Sur	oported or Opposed				CHE	CK ONE
NAME OF CA	NDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BAI	ILLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepei	ndent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
9/15/2003	Maria Estrada Los Angeles, CA 90017	Phone	ebank		\$311.39	\$311.39	,
9/15/2003	Yolanda Flores Sylmar, CA 91342	Phone	ebank		\$311.39	\$311.39	
9/15/2003	Arturo Garcia South Gate, CA 90280	Phone	ebank		\$263.88	\$263.88	

Expen	diture Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 9/25/2003	CALIFORNIA FORM	-65
SEE INSTR	ame of Candidate or Measure \$ ame of	Amendment (Explain Below	w) through 9/20/200	)3		Page <u>12</u> of	33
	Amendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMIT	TTEE/FILER'S NAME		NAME OF TREA	ASURER			
STREET	TADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	HONE
OPTION	IAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
 2. Name	e of Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF	F CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
•	<u>.</u>	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
9/15/2003	Jose Garcia	Phone		EXI ENDITORIE	\$330.46	(JAN.1 - DE	.0.31)
9/15/2003	Laura Godoy Los Angeles, CA 90065	Phone	ebank		\$302.31	\$302.31	
9/15/2003	Rocio Godoy Los Angeles, CA 90065	Phone	ebank		\$293.22	\$293.22	

Expend	diture Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 9/25/2003	CALIFORNIA FORM	65
•	me of Candidate or Measure S E OF CANDIDATE  E OF BALLOT MEASURE  Rependent Expenditures Made ATE NAME AND ADI Blanca Gomez Los Angeles, CA 90011  Blanca Gonzalez Compton, CA 90220					10	22
		Amendment (Explain Belo	Date of election i	f applicable:		Page 13 of For Official Use	
	Report No CM1		(Month, Day	y, rear)			
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	r (If recipient com	mittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
OTDEET	ADDDESO AIO DO DOV		MAILING ADDR	ESS			
SIREEI	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTION	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	e of Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT	, IF APPLICABLE	1	CK ONE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOL	RT OPPOSE
3. Indep  DATE 9/15/2003	Blanca Gomez	SS OF PAYEE	ately labeled continuation  DESCRIPTION OF		\$311.39	CUMULATIVE 1 CALENDAR (JAN.1 - DE	YEAR
	Los Angeles, CA 90011						
9/15/2003		Phor	nebank		\$320.06	\$320.06	
9/15/2003	Judith Elizabeth Gonzalez Compton, CA 90220	Phon	nebank		\$288.60	\$288.60	

<b>Expenditu</b>	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers	period	Date Stamp 9/25/2003	CALIFORNIA FORM	<b>65</b>
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	through 9/20/2003	3		Page <u>14</u> of <u>3</u>	33
A	mendment No 000	—	Date of election if (Month, Day	applicable:		For Official Use C	
	Report No CM1	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREAS	SURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	DNE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHEC	CK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HE	LD AND DISTRICT, I	F APPLICABLE		OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independ	dent Expenditures Made A		tely labeled continuation  DESCRIPTION OF E		AMOUNT	CUMULATIVE TO CALENDAR	D DATE YEAR
9/15/2003	Melissa Gonzalez	Phone		EXPENDITURE	\$302.31	(JAN.1 - DEC	.31)
	Los Angeles, CA 91732						
9/15/2003	Stephanie Hernandez Los Angeles, CA 90038	Phone	bank		\$179.45	\$179.45	
9/15/2003	Silfa Honorato		bank		\$311.39		

Expen	emental Independent aditure Report ent Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 9/25/2003	CALIFORNIA FORM	-65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Be	low) through 9/20/200	)3		Page <u>15</u> of	33
	Amendment No 000	-	Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Con	nmittee/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient comm	iittee)		
COMMI	ITTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	- CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIO	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	e of Candidate or Measure Sup	oported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE		ECK ONE
NAME C	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Inde	Pependent Expenditures Made American NAME AND ADDRE Hotel Employees and Restaurant Employ Washington, DC 20007	SS OF PAYEE	riately labeled continuation  DESCRIPTION OF onebank		AMOUNT \$3,999.60	CUMULATIVE CALENDAR (JAN.1 - DE	YEAR
	Washington, DC 20007						
9/6/2003	Hotel Employees and Restaurant Employ Los Angeles, CA 90017	Photogram Photog	onebank		\$1,944.00	\$1,944.00	
9/15/2003	Rosalinda Jimenez Compton, CA 90221	Pho	onebank		\$320.06	\$320.06	

	plemental Independent enditure Report	Type or print in ink. Amounts may be rounded	Report covers	s period	SUPPLEMENTA Date Stamp 9/25/2003	CALIFORNIA	-65
	nment Code Sections 84203.5)	to whole dollars.	from			FORM 4	UJ
SEE IN	Amendment No  Report No  Report No  Report No  CM1  CM1  CM1  CM1  CM1  CM1  CM1  CM	Amendment (Explain Bel	ow) through <u>9/20/200</u>	3		Page _16 of _	33
	Amendment No 000	_	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. C	ommittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
CO	DMMITTEE/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDRE	ESS			
STI	REET ADDRESS (NO P.O. BOX)						
CIT	TY STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OP	PTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	ame of Candidate or Measure Su	ipported or Opposed				CHE	CK ONE
NAN	ME OF CANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE	SUPPOR	OPPOSE
NAN	ME OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
 3. In	ndependent Expenditures Made	Attach additional information on appropr	riately labeled continuation	sheets.		OLIMI II ATIVE T	ODATE
	DATE NAME AND ADDR	ESS OF PAYEE	DESCRIPTION OF I	EXPENDITURE	AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	YEAR
9/15/20		Pho	nebank		\$319.54	\$319.54	
9/15/20	003 Sonia Lara	Pho	nebank		\$326.56	\$326.56	
	Los Angeles, CA 90034						
9/15/20	OO3 German Castanon Lopez Los Angeles, CA 90037	Pho	nebank		\$330.46	\$330.46	

Exp	penditure	tal Independent Report ections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 9/25/2003	CALIFORNIA FORM		55
SEEI	NSTRUCTIONS	S ON REVERSE	Amendment (Explain Belo	w) through <u>9/20/200</u>	3		Page 17	of <u>33</u>	
	Ame	endment No 000		Date of election i	f applicable:		For Official U		
		Report No CM1		10/7/2003					
1. (	Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)	<u>'</u>		
C	COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER				
-	STREET ADDRES	S (NO P O BOX)		MAILING ADDRI	ESS				
	JINEET ABBINES	C (NOT 1.0. 207)		CITY		OTATE ZID O		- /DLION	·-
Ċ	CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP C	ODE AREA CODE	E/PHON	IE
ō	OPTIONAL: FAX/E	-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS				
_	lame of Ca	andidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		CHECK	ONE
N	AME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUI	PPORT	OPPOSE
3. I	ndepende	nt Expenditures Made Atta	ach additional information on appropri	ately labeled continuation	sheets.		CUMULATI   CALENI	VE TO I	DATE
	DATE	NAME AND ADDRES	S OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENI (JAN.1 -	DAR YE - DEC.3	AR (1)
9/15/2	2003	Angelina Lucero Los Angeles, CA 90006	Phon	ebank		\$312.04	\$312.04		
9/15/2	2003	Lorena Luna Los Angeles, CA 90016	Phon	ebank		\$312.04	\$312.04		
9/15/2	2003	Maria Magallon Bell, CA 90201	Phon	ebank		\$302.31	\$302.31		

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 9/25/2003	CALIFORNIA FORM	-65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Belo	ow) through 9/20/200	)3		Page <u>18</u> of	33
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	HONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name	e of Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME O	F CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Inde	pendent Expenditures Made A	1			AMOUNT	CUMULATIVE CALENDA	TO DATE R YEAR
9/15/2003	Rosa Maldonado		DESCRIPTION OF nebank	EXPENDITURE	\$320.06	(JAN.1 - DE	:C.31)
	Los Angeles, CA 90058						
9/15/2003	Victoria Marquez Los Angeles, CA 90019	Phon	nebank		\$312.04	\$312.04	
9/15/2003	Rafael Marroquin Los Angeles, CA 90005	Phor	nebank		\$305.54	\$305.54	

Expendit	ental Independent cure Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 9/25/2003	CALIFORNIA FORM	-ENDITURE
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Belo	w) through <u>9/20/200</u>	)3		Page 19 of	33
	Amendment No 000	- (2,pam 500	Date of election i	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE	F/FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PI	HONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Sur	oported or Opposed				CH	ECK ONE
NAME OF CA	NDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indeper	ndent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIVE CALENDAI (JAN.1 - DI	TO DATE R YEAR
9/15/2003	Flor Martinez Rosemead, CA 91770		ebank		\$263.88	\$263.88	
9/15/2003	Walter Martinez Los Angeles, CA 90038	Phon	ebank		\$325.29	\$325.29	
9/15/2003	Jose Medina South Gate, CA 90280	Phon	ebank		\$184.62	\$184.62	

ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers per from $\frac{1/1/2003}{}$		CALIFORNIA 465
ONS ON REVERSE	Amendment (Explain Beld	ow) through 9/20/2003		Page 20 of 33
Amendment No 000	-	Date of election if app		For Official Use Only
Report No CM1		10/7/2003		
tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If	recipient committee)	
FILER'S NAME		NAME OF TREASURI	ER	
RESS (NO P.O. BOX)		MAILING ADDRESS		
STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
AX/E-MAIL ADDRESS		OPTIONAL: FAX/E-M	AIL ADDRESS	
Candidate or Measure Sup	pported or Opposed			CHECK ONE
NDIDATE		OFFICE SOUGHT OR HELD A	ND DISTRICT, IF APPLICABLE	SUPPORT OPPOSE
LOT MEASURE		BALLOT NO./LETTER JUI	RISDICTION	SUPPORT OPPOSE
	1	-	1	CUMULATIVE TO DATE CALENDAR YEAR
Wendy Mendez			\$129.29	JNT (JAN.1 - DEC.31) \$129.29
Los Angeles, CA 90026				
Belkys Carolina Menjivar Los Angeles, CA 90018	Phor	nebank	\$326.56	\$326.56
	tee Report  de Sections 84203.5)  ONS ON REVERSE  Amendment No  CM1  tee/Filer Information  FILER'S NAME  RESS (NO P.O. BOX)  STATE  AX/E-MAIL ADDRESS  Candidate or Measure Supplicate  LOT MEASURE  Ident Expenditures Made Attended and Address  NAME AND ADDRESS	Amounts may be rounded to whole dollars.  Amounts may be rounded to whole dollars.  ONS ON REVERSE  Amendment No 000  Report No CM1  tee/Filer Information  FILER'S NAME  RESS (NO P.O. BOX)  STATE ZIP CODE AREA CODE/PHONE  AX/E-MAIL ADDRESS  Candidate or Measure Supported or Opposed  IDIDATE  LOT MEASURE  Ident Expenditures Made Attach additional information on appropring NAME AND ADDRESS OF PAYEE  Wendy Mendez  Wendy Mendez	Amounts may be rounded to whole dollars.  Amendment No 000	Type or print in ink. Amounts may be rounded to whole dollars.  ONS ON REVERSE Amendment No OOO

			Type or print in ink. Amounts may be rounded		Report covers	s period	SUPPLEME Date Stamp 9/25/2003	CAL	IFORNIA	_	S5
			to whole dollars.		from $\frac{1/1/2003}{}$				ORM		
SEE IN	me of Candidate or Measure S TIONAL: FAX/E-MAIL ADDRESS  THE OF CANDIDATE  THE OF BALLOT MEASURE  THE OPERATOR	ON REVERSE	Amendment (Explain Be	elow)	through 9/20/200	3		Page	Page 21 of 33		;
	Ame	endment No 000	, ,	,	Date of election in (Month, Day	f applicable:			For Official		
		Report No CM1			10/7/2003						
1. C	ommittee	e/Filer Information	I.D. NUMBER (if recipient committee	e)	Treasure	(If recipient c	ommittee)	·			
C	OMMITTEE/FILE	R'S NAME		-	NAME OF TREA	SURER					
				-	MAILING ADDRE	ESS					
S	TREET ADDRES	S (NO P.O. BOX)									
CI	TY	STATE	ZIP CODE AREA CODE/PHONE	_	CITY		STATE ZIF	CODE	AREA COD	E/PHON	NE
OI	PTIONAL: FAX/E	-MAIL ADDRESS		-	OPTIONAL: FAX	/E-MAIL ADDRES	SS				
		•	ported or Opposed							CHECK	
NA	ME OF CANDIDA	ATE		OFF	FICE SOUGHT OR HE	ELD AND DISTRI	CT, IF APPLICABLE		S	JPPORT	OPPOSE
NA	ME OF BALLOT	MEASURE		BAL	LOT NO./LETTER	JURISDICTION	I		SI	JPPORT	OPPOSE
3. Ir	ndepende	nt Expenditures Made Atta	ach additional information on approp	riately la	abeled continuation	sheets.			CUMULAT	IVE TO	DATE
	DATE	NAME AND ADDRESS	S OF PAYEE		DESCRIPTION OF I	EXPENDITURE	AMOUNT		CALE	NDAR YI DEC.3	EAR
9/15/20	003	Blanca Monroy Los Angeles, CA 90006	Pho	onebank			\$184.70	\$18	4.70		
9/15/20	003	Natalie Morales	Pho	onebank			\$293.22	\$293	3.22		
		Paramount, CA 90723									
9/15/20	003	Carlos O'Campo Glendale, CA 91206	Pho	onebank			\$184.70	\$184	4.70		

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from1/1/2003		SUPPLEMENT Date Stamp 9/25/2003	CALIFORNIA FORM	165
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	v) through <u>9/20/200</u>	3		Page <u>22</u> of	33
A	Amendment No 000		Date of election i	f applicable:		For Official Use	
	Report No CM1		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PI	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
Name of NAME OF CAN	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		ECK ONE ORT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Indepen	dent Expenditures Made Att	ach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE	TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF I	EXPENDITURE	AMOUNT	CUMULATIVE CALENDA (JAN.1 - DI	R YEAR EC.31)
9/15/2003	Daniel Olano Los Angeles, CA 90015	Phone	ebank		\$165.17	\$165.17	
9/15/2003	Domiciano Osorio Gardena, CA 90247	Phone	ebank		\$325.29	\$325.29	
9/15/2003	Yohanna Parrales South Gate, CA 90280	Phone	ebank		\$302.31	\$302.31	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 9/25/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>9/20/200</u>	)3		Page 23 of	33
Aı	mendment No 000	- (Expan) 2010	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	oported or Opposed				СНЕ	CK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE	SUPPOI	RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE
9/15/2003	Estela De Jesus Paz Los Angeles, CA 90005		ebank	LAI ENDITORE	\$320.06	\$320.06	C.31)
9/15/2003	Blanca Perez Los Angeles, CA 90006	Phon	ebank		\$326.56	\$326.56	
0/15/2002	Vario Directo	, n	ahanlı		\$224.54	\$224.54	
9/15/2003	Karla Pineda Hawthorne, CA 90250	Pnon	ebank		\$234.54	\$234.54	

	nental Independent iture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 9/25/2003	CALIFORNIA	165
	Code Sections 84203.5)	to whole dollars.	from	<u> </u>		FORM 2	
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>9/20/200</u>	)3		Page <u>24</u> of	33
	Amendment No 000		Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1		10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTI	EE/FILER'S NAME		NAME OF TREA	ASURER			
OTD = 5.7	22222442222222		MAILING ADDR	ESS			
STREET A	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PI	HONE
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
	of Candidate or Measure Sup	ported or Opposed					ECK ONE
NAME OF C	CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT,	IF APPLICABLE	SUPPO	OPPOSE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	endent Expenditures Made At	tach additional information on appropri	ately labeled continuation	n sheets.		CUMULATIVE	TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAI (JAN.1 - DE	R YEAR
9/6/2003	Political Data, Inc. Burbank, CA 91507	Phon	ebank		\$3,954.84	\$3,954.84	
9/15/2003	Yeni Carolina Ouintanilla	Phon	ebank		\$326.56	\$326.56	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Los Angeles, CA 90005				1.23.03	10000	
9/15/2003	Maria Ramirez Bell Gardens, CA 90201	Phon	ebank		\$273.40	\$273.40	

Supplemental Independent Expenditure Report Government Code Sections 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 9/25/2003	CALIFORNIA FORM	
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>9/20/200</u>	)3		Page <u>25</u> of	33
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	IONE
OPTIONAL: FA	XX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of NAME OF CANI	Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	F APPLICABLE		ECK ONE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
DATE	dent Expenditures Made A	1	ately labeled continuation  DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR (C.31)
9/15/2003	Isidro Ramos Los Angeles, CA 90021	Phon	ebank		\$326.56	\$326.56	
9/15/2003	Cristina Rauda Los Angeles, CA 90051	Phon	ebank		\$320.06	\$320.06	
9/15/2003	Miguel Raya Jr. South Gate, CA 90280	Phon	ebank		\$284.14	\$284.14	

Supplemental Independent Expenditure Report (Government Code Sections 84203.5)		nditure Report Amounts may be rounded		s period	SUPPLEMENTA Date Stamp 9/25/2003	CALIFORNIA 465	
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Beld	ow) through <u>9/20/200</u>	13		Page <u>26</u> of _	33
	Amendment No 000		Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1		10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTI	EE/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
SIREELA	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	of Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		CK ONE T OPPOSE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Indep	endent Expenditures Made Att	ach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	YEAR
9/15/2003	Rita Copeland dba River City Business Sv Sacramento, CA 95841	Photos.	nebank		\$7,223.54	\$7,223.54	
	Internal Revenue Service Ogden, UT 84409	Phor	nebank		\$.00	\$.00	
9/15/2003	Napoleon Marie Rodriguez Panorama City, CA 91402	Phot	nebank		\$319.54	\$319.54	

<b>Expenditu</b>	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 9/25/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	v) through <u>9/20/200</u>	3		Page <u>27</u> of _	33
A	mendment No 000		Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	ported or Opposed				QUE	OK ONE
NAME OF CANE	<u> </u>	регов ст орросов	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		CK ONE RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
2 Indonon	dont Expanditures Made w		delicate de configuração	-ht-			
DATE	dent Expenditures Made At	1	ately labeled continuation  DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR
9/15/2003	Abraham Rojas Los Angeles, CA 90029	Phone			\$284.14	\$284.14	0.01)
9/15/2003	Rufina Rojas Los Angeles, CA 90057	Phone	ebank		\$326.56	\$326.56	
9/6/2003	Service Employees International Union L Los Angeles, CA 90017	ocal 1877 Phone	ebank		\$2,092.46	\$2,092.46	

Supplemental Independent Expenditure Report Government Code Sections 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 9/25/2003	CALIFORNIA 46	
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	through 9/20/200	)3		Page <u>28</u> of	33
	Amendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	ASURER			
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	IONE
OPTIONAL	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	of Candidate or Measure Su	pported or Opposed					ECK ONE
NAME OF (	CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE	SUPPO	RT OPPOSE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
-	endent Expenditures Made A	1	•		AMOUNT	CUMULATIVE T	RYEAR
9/6/2003	NAME AND ADDRE Service Employees International Union I		DESCRIPTION OF nebank	EXPENDITURE	\$1,600.00	(JAN.1 - DE \$1,600.00	:C.31)
	Los Angeles, CA 90020						
9/15/2003	Maria Salcedo Los Angeles, CA 90015	Phor	nebank		\$258.58	\$258.58	
9/15/2003	Jeffrey Sanceri	Pho	nebank		\$319.54	\$319.54	
	Whittier, CA 90602						

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 9/25/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Beld	ow) through 9/20/200	)3		Page 29 of	33
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of NAME OF CANI	Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE		ECK ONE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	iately labeled continuation		AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	RYEAR
9/15/2003	Telincs Communications, Inc. Los Angeles, CA 90005	Phor	nebank		\$10,000.00	\$20,000.00	
9/19/2003	Telincs Communications, Inc. Los Angeles, CA 90005	Phor	nebank		\$10,000.00	\$20,000.00	
9/15/2003	Laura Torres Los Angeles, CA 90057	Phor	nebank		\$330.46	\$330.46	

Supplemental Independent Expenditure Report (Government Code Sections 84203.5)		eport Amounts may be rounded		rs period	SUPPLEMENTA Date Stamp 9/25/2003	CALIFORNIA 465	
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>9/20/20</u>	03		Page <u>30</u> of	33
Am	nendment No 000	Anonament (Explain Beld	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	LER'S NAME		NAME OF TRE	ASURER			
OTDEET 4000	TOO (NO D.O. DOV)	_	MAILING ADDR	RESS			
STREET ADDRE	ESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FA	X/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR F	ELD AND DISTRICT	IF APPLICABLE		ECK ONE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independ	ent Expenditures Made Att	1	riately labeled continuatio		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	YEAR
9/15/2003	Wendy Vargas Los Angeles, CA 90062	Phor	nebank		\$249.21	\$249.21	,
9/15/2003	Daysi Vasquez Los Angeles, CA 90024	Phor	nebank		\$288.60	\$288.60	
9/15/2003	Martha Vega Los Angeles, CA 90011	Phor	nebank		\$293.22	\$293.22	

	emental Independent	Type or print in ink.	Report cover	's period	SUPPLEMENTA Date Stamp	SUPPLEMENTAL INDEPENDENT EXPENDITUR  Date Stamp		
Expenditure Report (Government Code Sections 84203.5)		Amounts may be rounded to whole dollars.	from1/1/2003	3	9/25/2003	CALIFORNIA FORM	65	
SEE INSTI	RUCTIONS ON REVERSE	Amendment (Explain Bel	ow) through <u>9/20/200</u>	)3		Page <u>31</u> of _	33	
	Amendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use		
	Report No CM1	-	10/7/2003					
1. Con	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nmittee)			
COMM	IITTEE/FILER'S NAME		NAME OF TREA	ASURER				
			MAILING ADDR	ESS				
STREE	ET ADDRESS (NO P.O. BOX)							
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA CODE/PH	ONE	
OPTIO	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS				
	e of Candidate or Measure Sup	oported or Opposed				CHE	CK ONE	
NAME (	OF CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT	, IF APPLICABLE	SUPPOR	OPPOSE	
NAME (	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE	
3. Inde	ependent Expenditures Made A	ttach additional information on approp	riately labeled continuation	n sheets.				
DA <sup>-</sup>	-	1	DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	YEAR	
9/6/2003	Voter Improvement Program Los Angeles, CA 90006	Pho	nebank		\$3,200.00	\$3,200.00	- ,	
	200 migries, cri 70000							
0/15/2002	T. XI	DI.			0255.66	0055.66		
9/15/2003	Jose Xingu Van Nuys, CA 91405	Pho	nebank		\$255.66	\$255.66		
9/15/2003	Nolvia Zapata Compton, CA 90220	Pho	nebank		\$295.52	\$295.52		
	Compton, Cr. 70220							

## Supplemental Independent

Type or print in ink.

	SUPPLEMENT	AL INDEPENDE	NT EXPENDITU	RE
F	Report covers period	CALIFORN	IIA AGE	₹
om _	1/1/2003	FORM	400	
nrough	9/20/2003	Page 32	of 33	

	xpenditure Report		Amounts ma to whole	y be rounded dollars.	from	eport covers period  1/1/2003	CALIFO FORM			
SEE	E INSTRUCTIONS ON REVERSE				through	9/20/2003	Page <u>32</u>	of <u>33</u>		
NAI	ME OF FILER				1		I.D. NUMBI	ER (If recipient com.)		
Cor	mmunity Civic Participation Project sponsored by Labor Organizations						1258279			
4.	Summary									
	1. Total independent expenditures made of \$100 or more this period. (Part 3.)									
	2. Total independent expenditures under \$100 made		\$0.00							
	3. Total independent expenditures made this period	I (Add Lines	1 + 2.)				TOTAL	\$85,279.65		
5.	Filing Officers Enter the name and address of each fili	ing officer with w	hom the filer's most re	cent campaign statement	s (Form 45	0, 460 or 461) have been	filed.			
	1) NAME OF FILING OFFICER			3) NAME OF FILING OF	FICER					
	Secretary of State			Sacramento County Reg	gistrar of Vo	ters				
	ADDRESS (NO. AND STREET)			ADDRESS		(NO. AND STREET)				
	CITY ST	TATE Z	IP CODE	CITY			STATE	ZIP CODE		
	Sacramento CA	95	5814	Sacramento			CA	95827		
	2) NAME OF FILING OFFICER			4) NAME OF FILING OF	FICER					
	Los Angeles County Registrar Recorder			San Francisco County R	degistrar Red					
	ADDRESS (NO. AND STREET)			ADDRESS		(NO. AND STREET)				
	CITY ST.	TATE Z	IP CODE	CITY			STATE	ZIP CODE		
	Norwalk CA	90	0650	San Francisco			CA	94102		

## 6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	9/22/2003	By Gribbon Gribbon Gribbon
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	9/22/2003	By Gribbon Gribbon Gribbon
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on		Bv
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on		Bv
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT